


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F05000003015

1. Corporation Name

Schoeller Arca Systems, Inc.

2. Principal Office Address - No P.O. Box #

5202 Old Orchard Road

3. Mailing Office Address

5202 Old Orchard Road

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

Suite 110

City & State

SKokie, IL

City & State

SKokie, IL

Zip

60077

Country

USA

Zip

60077

Country

USA

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Erik de Bokx	5202 Old Orchard Rd, Ste 110	SKokie, IL 60077
D	Robert Engle	5202 Old Orchard Rd, Ste 110	SKokie, IL 60077
D	Scott Edgcomb	5202 Old Orchard Rd, Ste 110	SKokie, IL 60077

10. E-mail Address: Garrett.Soltesz@SchoellerArca.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SCOTT A. EDGCOMB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2010

Date

847 410 1336

Daytime Phone #

FILED

10 MAY -4 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900180270879

05/04/10--01046--002 **758.75

REINSTATEMENT 06-10

CR2E081 (4/10)

4. Date Incorporated or Qualified To Do Business in Florida

6/27/1986

5. FEI Number

91-1112710

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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